

***CRS Community Based Child Survival Project***  
**Intibuca, Honduras**  
**First Annual Report**

**October, 2000**

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**Executive Summary:**

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During the first year of the Community Based Child Survival Project in Intibuca CRS Honduras and COCEPRADII were able to build a solid foundation at both the community and institutional levels for the successful implementation of project interventions and activities for the remaining three years of the project. First year goals included the implementation of the KPC baseline and other surveys, writing of the DIP, establishment of technical protocols, recruitment of project staff, institutional strengthening of COCEPRADII to manage the project, development of the project HIS, training of project and MOH officials in select technical and managerial areas, and the initiation of community based activities. Most of the year one objectives were fully realized, and all of the objectives were at least partially accomplished with a plan for their completion in the project's second year. Examples of key accomplishments include:

- Increase project sustainability through solidifying the relationship between COCEPRADII and CRS and brokering a solid partnership between COCEPRADII and the MOH.
- Establishment of a solid relationship with the local, area, and regional MOH through their involvement in key project activities and decisions.
- Recruitment of project staff.
- Completion of KPC and support qualitative surveys and development of project DIP.
- Collaboration with other partner agencies in the development of project technical training protocols including IMCI, maternal health and Basic Life Saving Skills training for health center staff and TBAs, and community based emergency transport systems.
- Improved the technical skills of project staff, health center personnel, and community based personnel through training in key project technical areas.
- Establishment of sub-offices at the community level and selection of CHWs and TBAs at the community level.
- Development of a core group of trainers for maternal health and Basic Life Saving Skills.
- Establishment of community health committees in 65 communities.
- Built partnership relations and collaborated with key partners such as BASICS, PAHO, QAP, and the Shoulder to Shoulder Foundation.
- Initiated community based activities.
- Developed project HIS system.

The project's first year focus on foundation building activities and accomplishments have put it ahead of schedule in some targets and slightly behind in others. CRS is confident that any objectives that were not met during the first year will be met during year two. The solid foundation laid down in year one with the MOH, target communities, and COCEPRADII will serve as a jumping off point to launch community and facility based activities with an aim of improving the target populations access to quality health care and education and reducing the child and maternal mortality in the project area.

## **First Annual Report: 2000**

## Community Based Child Survival Project: Intibuca Honduras

<b>Cooperative Agreement Number:</b>	FAO-A-00-99-0012-00
<b>Project Location:</b>	Intibuca, Honduras
<b>Project Starting Date:</b>	September 30, 1999
<b>Project End Date:</b>	September 29, 2003
<b>Project Beneficiaries:</b>	45,607
<b>Funding:</b>	USAID 999,775, CRS 509,432
<b>Major Project Partners:</b>	COCEPRADII, MOH
<b>Report Date:</b>	October, 2000

### Project Background:

The *Community Based Child Survival Project* targets **95 communities** with an estimated beneficiary population of **45,000 people** in six geographically and economically marginalized municipalities in the department of Intibuca, Honduras.

Table 1: Project Target Municipalities and Communities

MUNICIPALITY	# OF COMMUNITIES
Camasca	13
Colomoncaqua	33
Concepcion	22
Magdalena	7
San Antonio	15
Santa Lucia	5
<b>Total</b>	<b>95</b>

The goal of the project is to *over a four year period reduce the maternal and perinatal/neonatal and child mortality and morbidity in children under 24 months in the project's target area*. The project will achieve this goal focusing project interventions in the following areas:

❖ <b>Safe Motherhood and Newborn Care:</b>	35% of project effort
❖ <b>Pneumonia Case Management:</b>	25% of project effort
❖ <b>Diarrhea Case Management:</b>	25% of project effort
❖ <b>LAM:</b>	15% of project effort

Project strategies were molded around three key elements or guideposts that formed the pillars of the program design and guided the overall program strategy:

- ◆ **Improve the provision of sustainable, efficient, and accessible quality health care and health information and education at the community level.**
- ◆ **Improve the provision of quality and professional health care services at the health facility.**
- ◆ **Improve access to emergency health care services through sustainable and integrated community, government, and health institutional services.**

Specific objectives in the project's programmatic areas that support these strategies include:

- ✓ To improve the ability of women, families, and TBAs to recognize, prevent, and respond to obstetric complications.
- ✓ To improve the ability of women, families, and TBAs to access first level referral facilities in the event of an obstetric complication.
- ✓ To promote and increase the utilization of LAM/exclusive breastfeeding during the first six months of post partum.
- ✓ Improve pneumonia case detection at the community level.
- ✓ Improve pneumonia care seeking behavior.
- ✓ Improve ability of CHWs to use pneumonia SCM at the community level.
- ✓ Improve the ability of community to access first level facilities in the event of pneumonia.
- ✓ Improve the ability of women and families to recognize and prevent dehydration.
- ✓ Improve the ability of CHWs to recognize and treat dehydration.
- ✓ Improve the ability of community to access first level facility in the event of severe dehydration.

### **Project Accomplishments, Limitations, Identified Solutions, and Lessons Learned:**

Year one project activities focused on the establishment of a solid base for the implementation of project interventions and strategies throughout the life of the project. Special attention was given to solidifying the relationship between the project and the Ministry of Health with an aim at increasing their commitment and long term involvement with the project and creating increased sustainability. The strengthening and building of COCEPRADII's institutional capacity to manage the project was also identified as a key activity that will increase community ownership and long term sustainability. In order to ensure adherence to MOH guidelines and to increase program quality of project training activities, emphasis was placed on the development and adaptation of technical protocols that will be utilized for year two training activities. Lastly, in order to create a solid technical base for year two community focused health

education activities with targeted TBAs, CHWs, and mothers, select training activities were undertaken with project personnel and project partners including the MOH.

*Project Activities Planned for Year One:*

- Recruitment of Project Staff
- KPC: Baseline Survey
- Development of the Detailed Implementation Plan
- Development of Protocols for Project Interventions
- Training of Project Personnel, Partners, and Community in Key Interventions
- Community and Partner Based Activities
- Development and Implementation of the Project Health Information System
- Activities for Organizational Strengthening of COCEPRADII

1. Staff Recruitment:

*Key Accomplishments:*

All positions were at least temporarily filled within the project's first year including the CRS Project Manager, the Project Field Coordinator for COCEPRADII, 15 health educators, and the administrative support staff including accountants, drivers, and other office support staff. All the project staff were qualified to meet the technical and managerial demands of their position, and all 15 health educators were recruited from the project's target area to increase project sustainability and easy adaptation to the project's difficult and isolated characteristics. Project personnel were provided with specific technical job descriptions and basic organizational job descriptions that are flexible and are modified in line with the continual institutional growth of COCEPRADII. In order to promote project ownership and increase sustainability, all project staff with the exception of the CRS project manager are employees of the project partner COCEPRADII, and COCEPRADII participated in the selection and hiring of each member of the project team. In order to not diminish the already low coverage of the target area by the MOH, no area MOH staff were recruited for the project positions.

*Limitations, Identified Solutions, and Lessons Learned:*

It was difficult to find technically qualified staff from the project area or technically qualified personnel who were willing to move out to the project area due to its geographical isolation. In addition there was initial reluctance on the part of COCEPRADII to hire personnel from outside the project zone as it was difficult to incorporate them into the COCEPRADII organization and gain acceptance from the local communities. These two factors were the major causes in the delay of hiring the three project Field Supervisors. Over a three month period dozens of applicants were interviewed by COCEPRADII and CRS to ensure that the project hired the right personnel who could adapt to the target area and be accepted by the project partner. Therefore even though the hiring of some key personnel was delayed these delays were justified in order to decrease project personnel turnover and limit the investment of project funds in the training of new project staff.

Due to health problems the project manager was absent from the project during the month of June and part of the month of July. To “keep the ship afloat” CRS Honduras hired a consultant with both technical and managerial experience to cover for the project manager in the field. Although this was not the optimal means to manage the project the consultant was able to guide planned project activities and provide project monitoring and supervision that ensured completion of project activities during that period.

While on pregnancy leave the COCEPRADII Field Coordinator was also absent from her position for three months. During this time the CRS project manager and consultant spent more time in the project area and were able to coordinate supervision and monitoring activities with COCEPRADII. During this time COCEPRADII assigned a committee member who accompanied the project manager on all field trips. This maintained COCEPRADII’s presence in the field and increased community awareness of COCEPRADII’s role in the project. After the birth of her child the Field Coordinator decided not to return to the project. An extensive search for a replacement was conducted by COCEPRADII and CRS and a candidate was found and will begin to work with the project on October 30<sup>th</sup>.

Because the project zone is very difficult and isolated the project may want to consider a small raise in salary for the lower level project staff in order to ensure that they stay with the project throughout the four years. The benefits would outweigh the negatives as a low turnover rate would mean that project would need to spend less money on retraining new staff, and project sustainability would increase as COCEPRADII’s institutional capacity would improve along with their ability to undertake an extension of the project or other health endeavors.

## 2. KPC Baseline Survey and Other Information Gathering Activities:

### *Accomplishments:*

Some of the first activities of the project included the development and implementation of a series of qualitative surveys in November and December 1999. Survey methodologies included interpersonal interviews and focus groups with key MOH health center and area staff, CHWs, TBAs, municipal governments and community leaders, and other NGOs working in the area. The project also conducted a series of exit interviews with mothers at target area health centers. The information gathered in the qualitative data surveys was utilized to develop key project strategies and help define the questionnaire for the KPC baseline survey.

In early January 2000 the project conducted a KPC baseline survey utilizing a 300 sample survey that followed the methodologies and protocols laid out by John Hopkins University and approved by USAID. With the technical assistance of the CRS project manager COCEPRADII took a leadership role in carrying out the survey and several of its committee members participated in the implementation of the survey in the randomly selected communities. Besides building the technical capacity of COCEPRADII, this methodology was utilized in order to create ownership of the information for COCEPRADII who has the closest link with the communities the project serves. The

project also invited local and area MOH personnel to participate in the KPC survey and assist in the analysis of the collected data. The participation of the MOH in the KPC survey was aimed at increasing the MOH's partnership and support of the project.

The KPC survey was followed up by other qualitative data surveys that focused on covering any gaps not covered by the previous surveys. The survey results were then quantified, summarized and shared with key project stakeholders, and key areas of intervention and activities identified for the DIP. More details regarding the survey and collected data can be found in the project DIP.

*Limitations, Identified Solutions, and Lessons Learned:*

Although the KPC and other surveys were successfully completed in a timely manner the project did encounter limitations that will serve as lessons learned for the mid-term and final evaluations. In the project area it was difficult to find qualified personnel to carry out the surveys. The project did not however want to bring in outside interviewers as they may not be accepted in the communities and it would not build local capacities. The project therefore made extra efforts and took more time to train interviewers to ensure quality information. In addition the project hired a nurse/social worker with a solid background in survey methodologies who assisted the project manager in training the interviewers and assisted in the field supervision.

Another lesson learned during the KPC survey was that the project will have the data inputter travel to the field and clean the data in the field at the survey site. This will increase the cost of the survey but will decrease the number of questionnaires that need to be disregarded because of incomplete or faulty data.

3. Development of the Detailed Implementation Plan (DIP):

The DIP was developed utilizing data from the KPC and other surveys conducted in the project area. Specific strategies and activities were developed with key project stakeholders including COCEPRADII and the MOH. Upon its completion the DIP was presented to, reviewed, and approved by USAID BHR/PVC. A summarized version of the DIP was then presented to COCEPRADII, the MOH, and other key project stakeholders. The CRS Honduras Health Sector Coordinator and CRS Baltimore technical advisor visited USAID in Washington in early June to receive comments and suggestions from a panel about the content of the DIP and the overall structure of the project interventions, activities, and plans. The ensuing points are follow up to specific questions asked by the panel:

*Capacity Building:*

- The BHR/PVC reviewers recommended that *the project conduct an organizational assessment with COCEPRADII, and investigate tools to build partnership such as appreciative inquiry*. Throughout the first year of the project CRS Honduras has coordinated with COCEPRADII to build the institutional capacity of COCEPRADII to manage the project and to strengthen the partnership between the two organizations. In response to this suggestion CRS Honduras formalized a

management protocol with COCEPRADII that has improved the partnership relation as well as clarified the management responsibilities of each agency. In October CRS will conduct a joint appreciative inquiry workshop with COCEPRADII that will focus exclusively on assessing and improving the current partnership, developing a capacity building plan for COCEPRADII, and setting down a series of mutual next steps that will lead to the completion of the partnering and capacity building goals and objectives set at the workshop. A copy of the workshop report and results will be sent to USAID BHR/PVC in either November.

- *Will the project conduct periodic monitoring of capacity building indicators?*  
Some of the plans, goals, and objectives developed at the appreciative inquiry workshop will be incorporated into the project monitoring and evaluation system to enhance the capacity building indicators. In year two of the project more frequent monitoring activities focused on specific indicators will be conducted to gauge the impact of the plan on the institutional capacity of COCEPRADII. The project will also add a specific evaluation section during the mid-term evaluation to gauge the success of the program.

*Sustainability:*

- *How is the participation of MOH staff in project activities encouraged and sustained in the long term?*  
The project field staff are based out of the health centers in the field. They make their monthly plans with the MOH health center staff and are encouraged to assist the MOH whenever possible and solicit the help of the MOH in project activities. Through its strong relations with the MOH the project has been able to obtain a written letter of agreement from the Area MOH director that health center staff in the project area will accompany project staff at least once a month on field visits during the first year, twice a month during year two, and three times a month during year three. This note was delivered to each of the health centers in the area and to date each health center has complied, and in most cases exceeded the number visits with project field staff. This close working relationship with the health center staff, coupled with project training and skills building with the MOH, will allow the project to increase ownership and responsibility of project activities by the MOH.
- *Will CRS develop a sustainability plan with COCEPRADII?*  
CRS throughout the first year has taken steps towards the development of a sustainability plan with COCEPRADII. As part of the appreciative inquiry workshop in October the framework for the development of the plan will be defined and next steps identified. CRS agrees that there is a need to develop and formalize a sustainability plan with COCEPRADII and agrees that it should be a project indicator for sustainability.
- *Has CRS Honduras developed a “phase out” plan with COCEPRADII?*  
CRS has not developed a phase out plan for the project with COCEPRADII but will elaborate a plan as an objective of the appreciative inquiry process. Once the appreciative inquiry process has been completed the partnership between COCEPRADII and CRS will be better defined and the steps that will be needed to empower COCEPRADII to fully manage the project will be identified. A draft phase out plan should be ready by the development of the mid-term report.



*IMCI:*

- *Is the project contemplating any type of revolving community drug program to support C-IMCI?*

The project will pilot revolving community drug posts in a select number of communities in the target area in year two. The exact strategies will be defined with the MOH and more importantly the pilot communities. CRS Honduras has extensive experience in the implementation of revolving community drug posts as they form an integral part of the CRS child survival project in Choluteca that is supported by the local USAID mission and UNICEF. The project has budget for the initial purchase of the community drugs and will be in part supported by donations from the *Catholic Medical Mission Board*.

- *Is the project collaborating with BASICS II and the local USAID Mission for support in IMCI?*

Staff from the CRS health unit, including the Intibuca project manager, have formed part of the inter-agency team that developed the national protocols for IMCI and C-IMCI. The final protocols were developed and approved in late September. Through this process CRS has collaborated with the BASICS II program in Honduras and also assisted BASICS II in the development of the national IEC program. The project exchanges information with the local USAID mission but because the project is not in a Hurricane Mitch effected area it does not receive direct assistance. Assistance does filter through to the project however as the other two child survival programs managed by CRS Honduras are supported by the local USAID mission.

*Reproductive Health:*

- *The project may consider upgrading its nutrition component.*

The project will strengthen its nutrition component through the incorporation of C-IMCI strategies. Breastfeeding, especially increased breastfeeding during diarrhea episodes, will be emphasized as well as proper weaning practices to improve nutritional status. As suggested by the DIP reviewers the project may consider the HEARTH model to test behavior change approaches. To improve the nutritional status of school aged children in the target area CRS Honduras will conduct a de-worming program that will provide albendazole to school aged children and implement a school based education program to reduce the helminthic infection rate. This program may have a cascade effect on the helminthic infection rate of children under 24 months as in many households older siblings are the primary caretakers for children.

- *Neo-natal resuscitation skills among the TBAs should be a priority?*

The TBA training curriculum is annexed to this document and basic life saving skills will form the basis of the training. Local MOH officials and some project staff were reluctant to prioritize neo-natal resuscitation skill building for TBAs because they were unconvinced of the TBAs abilities. CRS does feel however that it is a priority and will incorporate basic neo-resuscitation into the TBA training curriculum.

- *Due to limited supervision capabilities the project may need to develop job aides and tools that will assist project staff in the implementation of project activities.*

The project has already developed job aides and tools to assist project staff in community based health education activities. Many of the tools and educational aides were developed by project staff in the field. The project will improve the “packaging” of the tools and aides so that key project messages are highlighted in an easy to use format. The project has significant funding for printing and reproduction and will explore examples of local materials that have been proven effective with similar target audiences. To help overcome the project limitations in supervision the project manager has been working with the project staff and health unit staff to develop a “peer supervision” system that will allow lower level project staff to provide constructive supervision to their peers in the field. This system will be developed by the mid-term evaluation.

*Limitations, Identified Solutions, and Lessons Learned:*

Throughout most of the first year of the project only a summarized version of the DIP was presented to key project stakeholders, including the project partner COCEPRADII. This was due to the unavailability of local translators who could provide a quality and timely translation of the document. Towards the end of the first year CRS was able to contract a translator with the technical and linguistic abilities to translate documents such as the DIP, and now translates all of the health unit documents.

4. Development of Protocols for Project Interventions:

*Accomplishments:*

Utilizing the MOH national protocols as guidelines, the project developed maternal health training protocols for TBAs, health center staff, and project personnel. Following the project strategy of improving the access to quality health care and emergency services at the community level, the maternal health training protocols focus on Basic Life Saving Skills and Clean Delivery and the Management of Obstetric Emergencies appropriate to the level of health care experience of the trainee. The American College of Nurse Midwives (ACNM) were involved in the development of the health center staff training protocols and trained a core group of trainers from the project area who will in turn train other health center staff and TBAs in the second year of the project. Maternal health and emergency obstetric care training will be focused at the health center and community level as all maternal deaths in the recent past have been at the community or health center level.

With collaboration from COCEPRADII the project also developed protocols and guides to work with communities to establish emergency transport systems. This protocol will be tested early in year two of the project and the community health committee will be the basis for its implementation. In project planning sessions with the local MOH health center staff, and through experience acquired in the project’s first year, it has been agreed that the establishment of community managed emergency transport at the community level will be one key to saving lives in the project area, especially in obstetric emergency cases.

The project manager and CRS Honduras health unit were very active in the development of the national IEC strategy and materials development for maternal and child health that was spearheaded by the BASICS II program in Honduras. The IEC materials that were developed will be utilized in all maternal and child programs throughout Honduras including the project in Intibuca. The CRS Health Unit team also provided substantial input in the development of the IMCI strategy for Honduras that was led by the Honduran MOH and PAHO. The project has already coordinated with the area and regional MOH and planned IMCI training activities for the municipalities in the project's target area. The first IMCI training is slated for the last week of October and first week of November.

The project will utilize the Honduran MOH protocols for pneumonia and diarrhea case management at the health center and community levels.

*Limitations, Identified Solutions, and Lessons Learned:*

Project interventions related to the implementation of IMCI training at the health facility level were delayed due to a lag in the development of a national level IMCI training protocol. The IMCI training protocols for the health facility and community levels were finalized in late September and project supported IMCI training will begin in the end of October and early November. CRS has already coordinated with local MOH officials to map out a strategy and develop activities for training project area MOH staff in IMCI.

Another limitation has been the unrealistic expectations of the MOH that all births be attended at the hospital level. In the project area the large majority of births are attended at the household level with assistance from the local TBA. Fortunately the local MOH staff is aware of the realities of the region and have collaborated and supported the project in the elaboration of maternal health training protocols for the community and health facility levels. One of the goals of the project is to test whether comprehensive training, health education, and improved services and equipment at the community and local health facility levels will have a significant impact on decreasing the maternal and neo/natal mortality rates in the target area and possibly help reshape unrealistic national policies concerning childbirth.

5. Project Training Activities:

All of the project training exercises were conducted by project staff with support in many cases from MOH personnel. All training activities were participatory in nature and participants were allowed the opportunity to provide feedback to the facilitators in order to improve training methodologies and presentation. The following tables summarize key project training activities in year one:

**TBA Training**

MUNICIPALITY	# Of Comm.	# of TBAs
Concepcion	17	39
Camasca	12	27
Magdalena	4	13
Santa Lucia	15	17
San Antonio	5	14
Colomoncaqua	30	63
<b>Total</b>	<b>83</b>	<b>173</b>

The project was able to train community selected TBAs in 87% (83 of 95) of the target communities. In 84% of the communities the TBAs received a series of seven training modules that included:

- Role of the TBA in the community
- LAM
- Women's health
- Breastfeeding
- Puerperal Infections
- Normal and High Risk pregnancy and delivery
- Review of the project and its goals with the TBA

### MOH Training

TRAINING	# OF PARTICIPANTS
Community mapping	11
Health Protocols	12
KPC Training	3
Obstetric Emergencies management	6
Newborn care	15
Puerperal Infections	15
Diarrhea Case Management	10
Pneumonia Case Management	11
LAM	10
Adult education methods	10

All doctors and professional nurses from the project area, the MOH area nurse supervisor, and the nurse in charge of the maternity ward at the regional hospital in La Esperanza received training in Basic Life Saving Skills.

### Project Personnel Training

TRAINING
Community Mapping
Technical Protocols
KPC Survey
Basic Life Saving Skills
Newborn Care
Puerperal Infections
Diarrhea Case Management
Pneumonia Case Management
Breastfeeding and LAM
Adult Education Methods

All project staff were trained in the aforementioned topics with emphasis on how to replicate the training at the community level.

In community focused training activities project staff met with 366 expecting mothers to teach them to recognize danger signs and when to seek referral in the prenatal, delivery, and post partum periods. The project also met with 1,576 community members in all 95 target communities in other community focused training activities that focused on risk factors and danger signs in pregnancy, and danger signs in diarrhea and pneumonia.

#### 6. Other Key Project Activities:

- The project field staff visited every community in the target area to present the project to local community leaders and gatekeepers and to identify CHWs and TBAs who will support the project community activities. The field staff also coordinated with local leaders and COCEPRADII to develop a map of the community that included the identification of homes of TBAs and CHWs, geographical characteristics, and distances to key referral centers. This map will be utilized in planning sessions with the community to develop an emergency transport system.
- COCEPRADII and the project established three sub-offices in the villages of Colomoncaqua, Camasca, and Santa Lucia. Each of these sites was chosen as a sub-office because of its status as an important referral center for the area and the fact that each has a maternal clinic. Project staff are based out of the sub-offices and work in the communities and municipalities that are connected to the maternal clinic. In each case the space for the sub-office was donated by the municipal government in support of the project. The placement of project personnel in the three sub-offices has led to greater contact with target communities and improved relations with the municipal governments and maternal clinics.
- In the initial stages of the project CRS and COCEPRADII jointly presented a summary of the project to regional, area, and local MOH officials and local government leaders.

- The project formed community health committees in 65 of the 95 target communities. These health communities will serve as jumping off points for project interventions and activities at the community level. The members of the community health committee include the CHWs, TBAs, representatives of the local government structure the *patronato*, and other key community leaders.
- The project participated in a series of workshops with area MOH officials, CARE, Save the Children, and World Vision to develop a departmental plan for IMCI training for health facility staff. A plan was developed but put on hold as CARE was not financially able to assist in the process and the development of the national IMCI strategies were delayed. The project will continue to coordinate with the area MOH to develop plans for the project's targeted health centers.
- The project manager and field supervisors conducted periodic workshops with the core group of trainers from the MOH to develop maternal health training protocols and practice life saving and obstetric emergency skills at the regional hospital in La Esperanza.

#### 7. Organizational Strengthening of COCEPRADII:

CRS Honduras has over ten years of partnership experience with COCEPRADII. The majority of the partnership has revolved around water and sanitation projects, and only recently an agriculture project and a small pilot child survival project. Even though there is significant history between CRS and COCEPRADII there were some concerns about COCEPRADII's institutional capacity to manage a large child survival project. In order to create greater impact at the community level and to increase sustainability the project incorporated institutional capacity and organizational strengthening indicators and activities in the project DIP, and have made these activities a priority in the project.

Through a series of meetings between CRS Honduras and COCEPRADII a project management protocol was developed that clearly identified the roles and responsibilities of each partner, and set the basis for how the project would be operated. In continuation of the steps forward and advances made by the development of the management protocol an appreciative inquiry workshop was scheduled for October with an international consultant to lead the process. The goals of the appreciative inquiry workshop will be to assess and improve the current partnership, develop a capacity building plan for COCEPRADII, and set down a series of mutual next steps that will lead to the completion of the partnering and capacity building goals and objectives set at the workshop.

CRS has also increased the institutional capacity of COCEPRADII by facilitating the relationship between COCEPRADII and the Ministry of Health. COCEPRADII has traditionally maintained strong ties with local communities but has not built solid linkages with the area's health centers or regional MOH officials. The firm connections that COCEPRADII will make with the MOH throughout the life of the project will build

COCEPRADII's institutional capacity to implement sustainable and quality health projects in the area and facilitate the development new health projects in the future.

In order to strengthen the organizational capacity of COCEPRADII to manage and implement large scale health initiatives CRS has also incorporated members of the COCEPRADII committee in almost all project activities. COCEPRADII committee members participated in the baseline surveys, are present whenever project personnel meet with area and regional MOH officials, observe or participate in project training activities, and accompany the health unit coordinator and project manager on project monitoring and supervision field visits. Through these coordinated activities CRS hopes to improve the technical and managerial capacities of COCEPRADII. As a product of the appreciative inquiry workshop CRS hopes to formalize and develop plans and processes to guide these coordinated activities and be able to develop indicators to measure their impact and effectiveness.

*Limitations, Identified Solutions, and Lessons Learned:*

COCEPRADII has a considerable lack of technical and managerial experience in the implementation of health projects. This is COCEPRADII's first large health project and the managerial and technical demands and expectations are quite formidable. CRS may have expected too much managerial leadership from COCEPRADII, and when it was not received the project overcompensated and prioritized the technical objectives over the organizational building objectives. As a lesson learned CRS realized that in order to ensure project sustainability institutional capacity building would have to be prioritized in the initial stages of the project and continued throughout the life of the project. Therefore although many technical aspects and activities will be highlighted in the second year CRS will redouble its efforts and continue to strengthen COCEPRADII's managerial and technical capacities to successfully implement the project.

In order to continue to conduct institutional strengthening activities with COCEPRADII the project will need to obtain extra funding to support COCEPRADII as an organization. There are no organizational operation costs included in the project budget for COCEPRADII, and funds are limited for institutional capacity building exercises. CRS Honduras feels that project sustainability would be increased if there were limited funds available to cover project related organizational growth and strengthening activities for COCEPRADII non project support staff (a.k.a. COCEPRADII Committee).

8. Other Partners:

□ *BASICS II:*

CRS Honduras coordinates closely with the BASICS II program in Honduras. CRS health unit staff assisted BASICS II in the development of an institutional mapping program for Honduras, the development of the national level IEC program for maternal and child health, and BASICS has assisted the project in the development of C-IMCI IEC materials. CRS will continue to coordinate closely with the BASICS II program in Honduras and will participate in the formation of C-IMCI facilitators.

- ❑ *QAP (Quality Assurance Project):*

The QAP has as an initiative to reduce maternal mortality in Honduras through improving the quality of health services at the institutional level. The project coordinates with the QAP through sharing IEC materials and coordinating IEC efforts in the project area. The project will replicate tested IEC materials developed by QAP and incorporate them into the project with the local MOH. This collaborative effort will save the project valuable time and funding in the development of IEC materials and increase project impact.
- ❑ *USAID Local Mission:*

CRS maintains the local USAID mission informed of the project advancement through key reports but does not have a formal relationship revolving around project assistance. However, the USAID local mission does support and fund two other CRS Maternal and Child Health projects and due to the health unit structure in CRS Honduras the Intibuca project staff are indirect beneficiaries of technical assistance provided by the local USAID mission. USAID local mission officials have been accepting to inviting project staff to specific training events and provide support wherever possible. The project will seek to take better advantage of this coordination in year two of the project.
- ❑ *Pan American Health Organization (PAHO):*

The project has a continuing coordination with PAHO in the development of C-IMCI protocols, tools, and strategies. In late October CRS and COCEPRADII will participate in a national level PAHO sponsored C-IMCI workshop that was developed with input from CRS and other local development agencies. The project will continue to partner with PAHO in the development and implementation of C-IMCI in the project area. In addition PAHO is the main partner in the helminthic infection program that CRS will implement in conjunction with the project in Intibuca.
- ❑ *American College of Nurse Mid-Wives (ACNM):*

The ACNM provided consultants who conducted a training of trainers workshop in Basic Life Saving Skills. The three week workshop trained a group of local medical professionals from the project area to be trainers in Basic Life Saving Skills and replicate that training in the project area. Although the training was clinical based the trainers and the project staff were able to adapt the training to fit the project needs of training health center staff and TBAs. The ACNM will provide a follow up training in November where they will work with the core group of trainers and project staff to refine the Life Saving Skills protocols adapted for the health center staff and TBAs.
- ❑ *Shoulder to Shoulder Foundation and the University of Cincinnati School of Medicine:*

The Shoulder to Shoulder Foundation and the University of Cincinnati School of Medicine provide financial and technical assistance and equipment and supplies to the maternal clinic in Santa Lucia. The maternal clinic in Santa Lucia is the best equipped and manned clinic in the project's target area, and is a major referral center. The clinic has a regular flow of medical professionals from the United States who



come to provide assistance to the clinic. Project staff coordinate directly with the clinic staff and the project and COCEPRADDI have informal information exchanges and coordination of community based activities. The CRS health unit coordinator, project manager, and COCEPRADII president have met with representatives from the Shoulder to Shoulder Foundation and will conduct a partnership retreat in November to define the partnership and finalize a written agreement of collaboration.

#### 9. Health Information System:

The project adapted the Ministry of Health's HIS as a base for the project HIS. A select number of project specific indicators were developed and incorporated to monitor and support project specific activities. The utilization of the MOH's HIS will allow the project to assist the MOH in data collection, increase inter-institutional coordination, and allow for easy exchange of information on key indicators. The project has incorporated the HIS into the normal monthly activities, and will have an outside consultant review and evaluate the system in the second quarter of year two.

#### 10. Budget:

The project underspent its targeted expenditures that were set for year one. This was mainly due to the fact that many of the activities were focused on relationship building and not training or other field based activities. In addition, several planned training exercises and production of IEC materials were postponed until the first quarter of year two due to delays in the development of national policies and protocols. Lastly, there were delays in purchasing due to insufficient administrative support. The project will catch up expenditures in an accelerated rate during year two as all of the national training protocols and IEC materials have been developed and training will become a priority in the project. In addition the project will increase community based activities utilizing the solid foundations set in the first year. Lastly, the project has better defined its purchasing needs and improved administration support from CRS will facilitate any key purchases that will carry over into year two.

#### 11. Conclusions:

The accomplishments of the first year put the project on solid ground to move forward with key interventions and activities earmarked for the second year. The project concentrated on solidifying relationships and building the foundations that will be necessary to ensure long term sustainability and improved impact. A few objectives were not completed but all objectives were at least initiated and the few that were not completed will be prioritized in the first two quarters of the second year.

The project was able to initiate an institutional capacity building process with COCEPRADII and establish excellent protocols and relations with all levels of the MOH. Equally important, CRS was able to broker the relationship between COCEPRADII and the MOH, and establish links with the community through the creation of 65 community

health committees. The established relations with the MOH and target communities will serve as jumping off points for training and community based activities that are prioritized in year two.

The creation of protocols for project interventions and activities combined with the technical assistance provided by BASICS, ACNM, PAHO, and QAP will allow the project to better plan and define training exercises and bring down the training to the community level. This assistance coupled with the vision of viewing minor limitations as lessons learned will facilitate the project to forge ahead to accomplish year two goals and objectives.

12. Anticipated Year Two Projected Activities:

- Train local MOH in IMCI and C-IMCI.
- Train local MOH in Basic Life Saving Skills.
- Train project area TBAs in Basic Life Saving Skills.
- Train community health workers in diarrhea and pneumonia case management.
- Upgrade health facility supplies and equipment to manage basic obstetric emergencies.
- Upgrade health facility staff skills to manage basic obstetric emergencies.
- Establish community health committees in remaining 30 communities.
- Begin process of developing emergency transport plans and systems with target communities.
- Incorporate the de-worming program into the project.
- Initiate the pilot program of community revolving medicine funds.
- Train CHWs in C-IMCI.
- Improve and solidify relations with all municipal governments in the target area.
- Develop a plan and take steps to strengthen the institutional capacity of COCEPRADII to manage the project.
- Review the project's HIS and supervision systems.